




No. W 154391	Due no later than Jul 31, 2018 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) REGISTERED AGENTS INC 784 S CLEARWATER LOOP STE R POST FALLS ID 83854 USA
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. TRIANGLE INVESTMENTS, LLC PAUL W DAUGHARTY 110 E WALLACE AVE COEUR D'ALENE ID 83814 Po Box 385 COEUR D'ALENE ID 83814		3. <u>New</u> Registered Agent Signature.

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Michael Bmontee	PO Box 385	Coeur d Alene	ID	USA	83814
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Tim Kinder	PO Box 385	Coeur d Alene	ID	USA	83814
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;"> IDAHO W 154391 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;"> Signature:  </td> <td style="width: 30%;"> Date: <u>7-3-18</u> </td> </tr> <tr> <td> Name (type or print): <u>Tim Kinder</u> </td> <td> Title: <u>member</u> </td> </tr> </table>	Signature: 	Date: <u>7-3-18</u>	Name (type or print): <u>Tim Kinder</u>	Title: <u>member</u>
Signature: 	Date: <u>7-3-18</u>				
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